

The Boeing Company  
P.O. Box 16858  
Philadelphia, PA 19142-0858

June 9, 2017

Fed-ex: 7793 4055 0334

Asbestos NESHAP Coordinator (3WC32)  
US EPA Region III  
1650 Arch Street  
Philadelphia, PA 19103-2029



Dear Madam or Sir,

Enclosed please find an Asbestos Abatement and Demolition/Renovation Notification Form for activities to take place beginning June 26, 2017 at Boeing Philadelphia. The project is to consist of removal of 1000 square feet of floor tile, 1500 square feet of Transite ceiling panels, 2 cubic feet of pipe insulation, 1300 square feet of joint compound and 100 square feet of gasketing insulation in our building 3-57.

If there are any questions or additional information is required, please contact me at 610-390-7651 between 6:00 and 2:30 or by e-mail at [jeffrey.holmes@boeing.com](mailto:jeffrey.holmes@boeing.com).

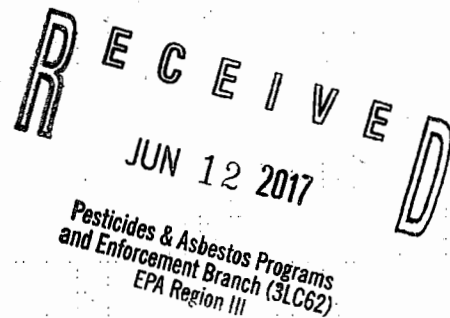
Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey A. Holmes'.

Jeffrey A. Holmes  
Environmental Engineer

cc:

PA DEP Southeast Region  
Asbestos Notification  
2 East Main Street  
Norristown, PA 19401-4915





**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR QUALITY

**ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM**

**For Official Use Only**

Date Received 1

Date Received 2

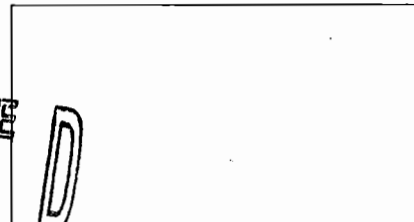
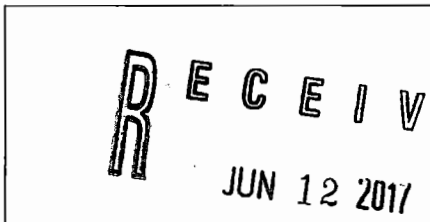
Postmark Date: \_\_\_\_\_

Project ID#: \_\_\_\_\_

Permit #: \_\_\_\_\_

Other #: \_\_\_\_\_

Inspector: \_\_\_\_\_



NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

Pesticides & Asbestos  
and Enforcement Branch  
EPA Region III

**REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.**

1. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
<input type="checkbox"/> Revision (highlight here, and changes)		<input type="checkbox"/> Phase of Annual Notification	
<input type="checkbox"/> Postponement		<input type="checkbox"/> Cancellation	
Date of Initial Notification or, if previously revised, date of last revision: _____			
2. PROJECT LOCATION (check one):			
<input type="checkbox"/> Allegheny County		<input type="checkbox"/> City of Philadelphia	<input checked="" type="checkbox"/> Other Location in PA (specify county): <u>Delaware</u>
		<input type="checkbox"/> Municipality (specify): _____	
3. FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY:			
A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)			
B. For City of Philadelphia projects requiring a permit:			
Asbestos project inspector: _____		Certification #: _____	
Company name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
4. WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).			
5. TYPE OF OPERATION (check all that apply):		<input type="checkbox"/> Abatement prior to Demolition	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation
3. FACILITY DESCRIPTION:		Job No.: _____ (see instructions)	
Facility Name: <u>Boeing Philadelphia Building 3-57</u>			
Street/Rural Address: <u>Route 291 &amp; Stewart Avenue</u>			
City: <u>Ridley Park</u>		State: <u>PA</u>	Zip Code: <u>19078</u>
Present use: <u>Manufacturing</u>		Prior use: <u>Manufacturing</u>	
Will the facility be occupied during the abatement activity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Facility size in square feet: <u>85,000</u>		# of floors: <u>3</u>	Age in years: <u>51</u>
7. ABATEMENT CONTRACTOR:			
Company name: <u>Ecoservices, LLC</u>			
Allegheny County or City of Philadelphia License # (if applicable): _____			
Street/Rural/POB Address: <u>407 West Lincoln Highway, Suite 500</u>			
City: <u>Exton</u>		State: <u>PA</u>	Zip: <u>19341</u>
Contact: <u>Linda DeNenno</u>		Telephone No. (between 8:00 & 4:30): <u>484-872-8884</u>	

RECEIVED  
JUN 1 1961

U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C.

3.

DEMOLITION CONTRACTOR:  
Company name: \_\_\_\_\_  
Street/Rural/POB Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

9.

FACILITY OWNER:  
Owner name: Boeing Philadelphia  
Street/Rural/POB Address: Route 291 & Stewart Avenue  
City: Ridely Park State: PA Zip: 19078  
Contact: Jeffrey Holmes Telephone No. (between 8:00 & 4:30): 610-591-4577

10.

FACILITY INSPECTION (required for renovation and demolition projects):  
Building inspector: Vertex Certification #: 019684  
Date of inspection: May 2017 Is any material assumed to be asbestos? ☐ Yes ☒ No  
Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:  
sampling and PLM analysis

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11.

IS ANY TYPE OF ASBESTOS PRESENT? ☒ Yes ☐ No If Yes, please list in #12.

12.

TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.  
  
PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
VF1	floor tile	North mezzanine offices	1000	SF	REM	PCM
VF2	transite ceiling panels	North mezzanine office ceilings	1500	SF	REM	PCM
FR11	pipe fitting insulation debris	Northwest mezzanine steam station	2	CF	REM	PCM
FR1	joint compound on wall boards	North mezzanine office above bathrooms	1300	SF	REM	PCM
VF1	gasketing insulation on salt bath	North 1 <sup>st</sup> floor heat treat area	100	SF	REM	PCM

Code \*

Type of ACM

FR1 - Friable ACM  
VF1 - Cat I nonfriable ACM  
VF2 - Cat II nonfriable ACM  
Note: Allegheny County treats all ACM as friable)

Code \*\*

Units

LF - Linear ft.  
SF - Square ft.  
CF - Cubic ft.

Code \*\*\*

Type of abatement

REM - Removal  
CAP - Encapsulation  
CLO - Enclosure  
NON - None

Code \*\*\*\*

Final Clearance

PCM - Phase contrast microscopy  
TEM - Transmission electron microscopy

13.

Is this project regulated by NESHAP? ☒ Yes ☐ No  
A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable):

A. Asbestos abatement:

Start Date: June 26, 2017

Completion Date: July 11, 2017

Daily hours of operation: 6 am pm to 4 am pm

Days of week (check): Mo Tu We Th Fr Sa Su

B. Demolition:

Start Date:

Completion Date:

Daily hours of operation: am pm to am pm

Days of week (check): Mo Tu We Th Fr Sa Su

C. Renovation:

Start Date:

Completion Date:

Daily hours of operation: am pm to am pm

Days of week (check): Mo Tu We Th Fr Sa Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Remove asbestos containing material prior to renovation of 2nd floor mezzanine and 1st floor heat treat area.

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Danger signs posted. All work in a regulated work area. Removal of insulation debris using containment bags. Wall board, transite, and floor tile to be removed in a segregated area with wet methods. There will be a visual inspection at the project conclusion and air tests prior to reoccupancy.

17. WASTE TRANSPORTER(S):

A. Transporter #1 name: Waste Management of Greater Mid Atlantic

Street/Rural Address: 408 South Oak Avenue

City: Primos State: PA Zip: 19018

Contact: Jennifer Smith Telephone: 610-476-6198

B. Transporter #2 name:

Street/Rural Address:

City: State: Zip:

Contact: Telephone:

18. WASTE DISPOSAL SITE(S) (any asbestos containing material):

A. Landfill name: G.R.O.W.S. North

DEP permit #: 100148

Street/Rural Address: 1000 New Ford Mill Road

City: Morrisville

State: PA

Zip: 19067

Contact: Mike Anastasio

Telephone: 215-736-0195

B. Landfill name:

DEP permit #:

Street/Rural Address:

City:

State:

Zip:

Contact:

Telephone:

19. AIR MONITORING FIRM(S):

A. Company name/individual: Vertex

Street/Rural Address: 700 Turner Way, Suite 105

City: Aston

State: PA

Zip: 19014

Contact: David Turotsy

Telephone: 610-322-0076

B. Final clearance firm: (if different than 19A)

Street/Rural Address:

City:

State:

Zip:

Contact:

Telephone:

Final clearance firm was hired by (check one):  
☐ Contractor ☐ Owner  
☐ Other: Explain:

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only):

A. PCM company name/individual:

Certification #:

Street/Rural Address:

City:

State:

Zip:

Contact:

Telephone:

B. TEM company name:

Certification #:

Street/Rural Address:

City:

State:

Zip:

Contact:

Telephone:

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy):

Hour of emergency:

☐ am ☐ pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: \_\_\_\_\_  
Name of individual who ordered: \_\_\_\_\_ Title: \_\_\_\_\_  
Date of order (mm/dd/yy): \_\_\_\_\_ Date ordered to begin (mm/dd/yy): \_\_\_\_\_

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:  
Stop work, stabilize area, alert client, post signs, use wet methods and HEPA equipment to clean up asbestos or presumed asbestos. Present area to air sampling inspector to verify re-occupancy standards have been met.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____	Certification #: _____
Contractor (Individual): <u>Linda DeNenno</u>	Certification #: <u>045976</u>
Supervisor: <u>Linda DeNenno</u>	Certification #: <u>045976</u>
Contractor (Firm): <u>Ecoservices, LLC</u>	Certification #: <u>C0722A</u>


\*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\*

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

 \_\_\_\_\_ 6/9/17 \_\_\_\_\_  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Jeffrey Holmes Title: Environmental Engineer

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

 \_\_\_\_\_ 6/9/17 \_\_\_\_\_  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Jeffrey Holmes Title: Environmental Engineer

FOR OFFICIAL USE ONLY

ORIGIN ID: HARA (610) 591-4577  
JEFFREY HOLMES  
BOEING - PHILADELPHIA  
BLDG 3-251.13 P25-75  
RT 281 & STEWART AVE  
RODLEY PARK PA 19078  
UNITED STATES US

SHIP DATE: 09JUN17  
ACTWST: 1.00 LB  
CAD: 1222509/NET3850

BILL SENDER

TO USEPA REGION 3

ASBESTOS NESHAP COORDINATOR

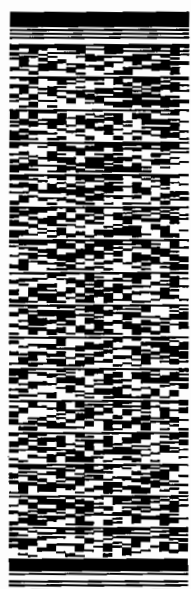
1650 ARCH ST

MAIL CODE 3WC32

PHILADELPHIA PA 19103

(215) 814-2164 REF: ASB NOT 3-57  
INV: DEPT: PO:

546J11/A502/53C1



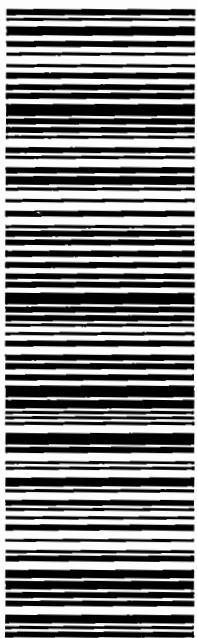
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MON - 12 JUN 3:00P  
STANDARD OVERNIGHT

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19103  
PA-US PHL



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